# EXHIBIT 1



## Your 2009

### **Webs America Incorporated Benefits Statement**

Benefit Plan	Your Contribution	Company Cost
Medical, Dental, Vision, Prescription Drug	\$1,980	\$12,222
Disability (Short-Term, Long-Term) and Supplemental Long-Term)*	\$39	\$161
Life, Accidental Dooth and Dismemberment, and Business Travel Accident Insurance	\$0	\$381
Retirement Savings Hun	\$7,044	\$2,515
Pension Plan	\$0	\$2,566
Social Security and Medicare	\$5,388	\$5,388
Cither Benefits**	\$0	\$2,113
* Company cost does not include sold	ny continuation while on Short-Term	Disability Loans.
** Includes: Employee Assistance Prog Tuiton Reimbursement, Workers' C		ote Uremplaymant Insurance,

The Company's cost of providing benefits is considered a form of Indirect Pay - think of it as an extra paycheck.

\$25,346

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Total Benefils Package Cost Pald by Company

Paid by: New York Post A division of News America Incorporated to cover benefits for	200
	\$25,346
IKIMULISA M. LIVINGSTON	Non-Negoliable

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#### **Pension Election Form**

Use this form to select the form of your benefit payment under the News America Incorporated Employees' Pension and Retirement Plan (the "Plan"). Review all stated Participant Information and Beneficiary Information for accuracy. Because your choices on this form may affect your taxes, you may want to consult a tax or financial advisor. If any of the data in this statement appears incorrect, please call the Corporate Benefits Department at (888) 778-8192.

Participant Name:	Ikimulisa M. Livingston	Participant ID Number:	xxx-xx-8281
Date of Birth: Date of Bire:	5/15/1965 1/28/1997	Marital Status: Benefit Commencement Date:	Married 5/1/2013
Date of Termination:	2/26/2013	Normal Retirement Date:	6/1/2030

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If you elected a Joint and Survivor Annuity, please provide your beneficiary's Social Security Number if it is missing or incorrect

		of Pension Options for te	
Check One	Form of Payment	Monthly Payment for Your Life	Monthly Payment to Your Beneficiary for Life, After Your Death
	Monthly Single Life Annuity*	\$191.46	N/A
	Monthly 50% Joint and Survivor Annuity	\$180.37	\$90.19
	Monthly 75% Joint and Survivor Annuity*	\$175.30	\$131.48
	Lump Sum Payment (one- time only)*	\$73,721.53	N/A

If you are married and elect a form of payment other than the 50% Joint and Survivor Annuity, you must complete the Statement of Spousal Consent on page 6.

Note that the Lump Sum option is a one-time opportunity upon your termination of employment,

		Errig on otherwick as Propose
Form of Payment	Monthly Payment for Your Life	Monthly Payment to Your Beneficiary for Life, After Your Death
Monthly Single Life Annuity*	\$1,069.02	N/A

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Write - Employer Copy

Prof - Employee Copy